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SEP 27 2004

Technology Center 2600

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/737,316  
Confirmation No. : 9499  
Applicant : Takafumi Sera  
  
Filed : December 14, 2000  
Title : Data Packet Transfer Network  
And Data Packet Transfer  
Method  
  
TC/A.U. : 2665  
Examiner : Duc Chi Ho  
  
Docket No. : 205307-0003

**CERTIFICATE OF MAILING**

I, Carolyn Hothersall, hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.

*Carolyn Hothersall*  
Signature

9-20-04  
Date of Signature

**RESPONSE TO OFFICE ACTION DATED JUNE 23, 2004**

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

- [X] **AUTHORIZATION TO PAY AND PETITION FOR THE ACCEPTANCE OF ANY NECESSARY FEES:** If any charges or fees must be paid in connection with the following Communication (including but not limited to the payment of issue fees), they may be paid out of our deposit account No. 50-1965. If this payment also requires a Petition, please construe this authorization to pay as the necessary Petition which is required to accompany the payment.

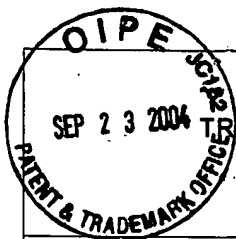
This communication responds to the Office Action dated June 23, 2004 and is filed within the three-month shortened statutory period for reply.

Please amend the application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 5 of this paper.



GAU 2665 41

<b>TRANSMITTAL FORM</b>	Application Number	09/737,316	
	Filing Date	December 14, 2000	
	First Named Inventor	Takafumi Sera	
	Art Unit	2665	
	Examiner Name	Duc Chi Ho	
Total Number of Pages in This Submission	7	Attorney Docket Number	205307-0003

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<b>ENCLOSURES</b> (check all that apply)	<b>PETITION FOR EXTENSION OF TIME</b>
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	6	-	6	=0	x 9=	\$	x 18=
Independent	3	-	3	=0	x 43=	\$	x 86=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290=

ENCLOSED FEES	
<input type="checkbox"/> Additional Claim Fee	\$0.00
<input type="checkbox"/> Extension fee for one-month	\$0.00
<input type="checkbox"/> Information Disclosure Statement	\$0.00
<input type="checkbox"/> Surcharge for Missing Parts - Declaration	\$0.00
<input type="checkbox"/> Terminal Disclaimer	\$0.00
<b>TOTAL FEES ENCLOSED</b>	

PAYMENT OF FEES	
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.	
<input type="checkbox"/> The Director is authorized to charge Deposit Account Number 13-3080 in the amount of \$0.00.	

SIGNATURE OF ATTORNEY	
Paul M. McGinley, Reg. No. 55,443 MICHAEL BEST & FRIEDRICH, LLP 100 East Wisconsin Avenue Milwaukee, Wisconsin 53202-4108 Telephone: (414) 271-6560	 Signature: _____ Date: 9/20/04

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is: <input type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306. <input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below	
Typed or printed name	Carolyn Hothersall
Signature	Date: 9/20/04